NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

Primary Phone: Email Address: Position for which you are applying: When will you be available for work? If the position requires travel, are you are you at least 18 years of age? If you are under 18 years of age, can you are under 18 years of age, can you are you eligible for employment in the NO YES How did you learn of this position? Do you have any relatives who work is Qualification for Indian Preference Indian Preference Act. Verification of						
Position for which you are applying: When will you be available for work? If the position requires travel, are you Are you at least 18 years of age? If you are under 18 years of age, can you Are you eligible for employment in the NO YES How did you learn of this position? Do you have any relatives who work and the position of the p		STATE	ZIP			
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If you are under 18 years of age, can you are under 18 years of age, can you have any relatives who work a Qualification for Indian Preference Indian Preference Act. Verification of	willing to travel (Check On	ne) 🛘 NO 🗘 SON	ME OFTEN			
Are you eligible for employment in the NO YES How did you learn of this position? Do you have any relatives who work: Qualification for Indian Preference Indian Preference Act. Verification of	NO YES					
□ NO □ YES How did you learn of this position? Do you have any relatives who work: Qualification for Indian Preference Indian Preference Act. Verification of	ou provide proof of your e	ligibility to work? \Box	NO □ YES			
How did you learn of this position? Do you have any relatives who work a Qualification for Indian Preference Indian Preference Act. Verification of	e United States? (Proof of	identity and eligibility	is required for employment			
Do you have any relatives who work a Qualification for Indian Preference Indian Preference Act. Verification of						
Qualification for Indian Preference Indian Preference Act. Verification of	How did you learn of this position?referral,ad Referred by:					
Indian Preference Act. Verification of	Do you have any relatives who work for the NPAIHB? \square NO \square YES					
Indian Preference Act. Verification of						
,	f your tribal enrollment, o					
TRIBE	RESE	RVATION				
Enrollment number or name of enroll	ed tribal member of whom	you are a descendant				

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

11. **EDUCATION**, beginning with most recent.

College or University	From	To	Credits earned	Major/minor	Degree earned	Year
High School attended:					Graduated?	Year
					Yes/No	
GED completion through:					Yes/No	
_						
<u> </u>				<u> </u>	·	

Other schools or training: volocation, dates attended, subjective earned. If needed, continue on						
Name and Location	Certificate earned	Year				
	From	То	Area of study	Credits earned		

12. COMPUTER and other office machine experience, training. Please name the software with which you have experience in the following areas:

TASK	Name of software	Level of expertise 0-5, (5 being master/high)
Word processing		
Spreadsheet set-up and usage		
Office Email system experience		
Data Management		
High level data analysis		
Photo-text slide presentations		
Preparation of brochures, flyers		
Other (fax, copier, scanner, etc.)		

13. EMPLOYMENT HISTORY, beginning with most recent

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

May inquiry be made of your current employer regarding your character, qualifications, and record of

□ NO □ YES ☐ With advance notice to applicant employment? (A "no" will not affect your consideration for employment opportunities) A. Title of Position: From: _ To: __ (Date) (Date) Number and Job Titles of Employees Supervised: Average Hours Place of Employment Kind of Business: Per Week: City: State: Name of Supervisor: Name and Address of Employer: Phone Number: Reason for leaving position: Description of duties, responsibilities and accomplishments: Additional space is provided at the end of application. B. Title of Position: _ To: ____ From: ____ (Date) (Date) Place of Employment Number and Job Titles of Employees Supervised: Average Hours Kind of Business Per Week: City: State: Name of Supervisor: Name and Address of Employer Phone Number: Reason for leaving position: Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

С.				
From:	To:		Title of Position:	
		Date)		
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Average Hours Per Week:	Place of Employment City: State:	Number and Jo	bb Titles of Employees Supervised:	Kind of Business
Name of Supervis	or:	Na	me and Address of Employer	
Phone Number:				
Reason for leaving	g position:			
Description of dut	ies, responsibilities and accomp	olishments: Add	itional space is provided at the end of appli	ication.
D.				
D.			Title of Position:	
From:	To: (I	 Date)	The of Fosition.	
	·			
Average Hours Per Week:	Place of Employment City: State:	Number and Jo	bb Titles of Employees Supervised:	Kind of Business
Name of Supervis		Na	me and Address of Employer	
Phone Number:				
Reason for leaving position:				
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.				

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

E.					
From: To:		Title of Position:			
		Date)			
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Average Hours	Place of Employment	Number and	Job Titles of Em	ployees Supervised:	Kind of Business
Per Week:	City:				
	State:				
Name of Supervis	or:	N	ame and Address	s of Employer	
D1 17 1					
Phone Number					
Reason for leavin	a nosition:				
Reason for leaving	g position:				
Description of dut	ies, responsibilities and accomp	olishments: Ad	ditional space pr	ovided at the end of applic	cation.
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1.4 C 1 1	:6:4:				1.1 1
14. Special qualifications and skills (relevant publications, public speaking experience, membership in a					
professional or scientific society, etc.) Use additional pages if needed.					
15. HONORS, A	WARDS, AND FELLOWSH	IPS RECEIV	ED:		
	CES: List 3 persons who are No				
and fitness f	or the position for which you ar	e applying. Pl	lease ensure that	telephone numbers are cu	rrent.
Name		Dhana Nama	L	0	
Name		Phone Num	ber	Occupation	
1.					
2					
2.					
3.					
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YOU <u>MUST SIGN</u> THIS APPLICATION. Read the following three parts carefully before you sign:

A false statement on any part of this application may be grounds for not hiring me, or firing me after I begin work. I understand that any information I give may be investigated as allowed by law or Presidential order.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

In consideration of NPAIHB's review of my application for employment, I hereby authorize NPAIHB and its agents to investigate my background as it pertains to employment considerations. This may include, but is not necessarily limited to, investigation of past employers/supervisors, personal references, educational institutions, criminal records/background checks, motor vehicle records and information contained in public records. I consent to the release of information to NPAIHB, by all persons and sources of information and their agents, relative to such investigation. I hereby release all such persons and sources of information and their agents from any liability or damages on account of having furnished information to the NPAIHB, and release the NPAIHB and its agents from any liability or damages on account of having conducted the investigation.
 I certify that, to the best of my knowledge and belief, all of my statements contained in my employment application

and any attached documentation are true, correct, complete and	d made in good faith.
SIGNATURE	DATE

Except as provided by Title 25, U.S.C. § 450e(b), which allows for Indian preference in hiring, the NPAIHB does not discriminate on the basis of race, color, national origin, sex, creed, age, disability, marital status, sexual orientation, religion, politics, membership or non-membership in an employee organization, marital status, citizenship or immigration status, honorably discharged veteran or military status, genetic information, ancestry or any other characteristic protected by law.

This is additional space for continuation of description of duties, responsibilities, etc., as needed. Please indicate which position you are describing.

Please submit your completed form to: Human Resources Manager

Northwest Portland Area Indian Health Board

2121 SW Broadway, Suite 300

Portland, OR 97201 Or FAX to: 503-228-8182 Or Email to: HR@npaihb.org